

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539100

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5	20						
6	1						
7	1						
8	1						
9	1						
10	1						
11	1						
12	1						
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27	2						
28	1						
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49							
50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
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95							
96							
97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							